

TAB

ATTACHMENT 6

FULL-TIME OSH PROFESSIONALS

Directions: Complete this form for each full-time professional at both the headquarters and field levels indicated on Attachment 4. The professionals should be in the job series GS 803, 018, 019, 690, 804, and 081. Include agency and sub-agency identification in the work address.

NAME _____ CLASSIFIED _____

TITLE _____

JOB SERIES _____ GRADE LEVEL _____

WORK ADDRESS _____

TELEPHONE _____ (COMMERCIAL)

_____ (FTS OR OTHER)